717 W. Allegan, PO Box 30007, Lansing, MI 48909-9775

FY 1998/99 LIBRARY COOPERATIVE ANNUAL REPORT and STATE AID APPLICATION for Reporting Year October 1, 1997 through September 30, 1998

This Annual Report or a Letter of Intent to File an Annual Report must be postmarked on or before **February 1, 1999** in order for the Cooperative to be eligible for 1998/99 state aid. Directo your completed application and all questions to: Library of Michigan, Attention: Ed Willoughby at ewilloug@libofmich.lib.mi.us or (517) 373-7147

SECTION A: CURRENT INFORMATION

Complete Parts I-VII with information that is current as of the filing date.

PART I: DIRECTORY INFORMATION

COOPERATIVE NAME:		COOPERATIVE SERVICE POPULATION:
STREET ADDRESS (NUMBER, STREET, ETC.):		COOPERATIVE BUSINESS OR DIRECTOR'S E-MAIL ADDRESS:
CITY: ZIP CODE - ZIP PLUS 4:		COOPERATIVE WEB ADDRESS: http: / /
DIRECTOR'S NAME:	COOPERATIVE PHONE NUMBER: ( )	COOPERATIVE FAX NUMBER: ( )

PART II: LIBRARY COOPERATIVE BOARD MEMBERS

List current Board members. Add an additional page if needed to list the entire Board.

Position	Name	Address	Daytime Phone	Library Represented
1. Chairperson				
2. Vice Chair				
3. Treasurer				
4.				
5.				
6.				
7.				
8.				
9.				

PART III: COOPERATIVE STAFF

Include director and all staff performing Cooperative functions paid by all sources.

Employee Category	Number of employees in this category	Hours per Week on Cooperative Activities	Full Time Equivalents (Hours per Week/40)
ALA-MLS Librarians			
Other Librarians			
Other Staff			
Totals			

PART IV: COOPERATIVE MEMBERSHIP

Provide the number of each type of library that are currently official or associate members.

Public Libraries	
Academic Libraries	
School Libraries	
Special Libraries	
State Institutional Libraries	
Total	

PART V: COOPERATIVE SERVICES

A. Check the box for each of the following services that the Cooperative offers to members.

- Accounting/Business Services ☐
- Audiovisual Services ☐
- Automation Services/Consulting ☐
- Bibliographic Services ☐
- Cataloging/Materials Processing ☐
- Circulating/Lending/Rotating Collection ☐
- Continuing Education Services ☐
- Document Delivery - Physical (e.g. van) ☐
- Document Delivery - Electronic (e.g. Ariel) ☐
- Interloan Services (borrowing/lending) ☐
- Internet Accounts/Support ☐
- Group/Centralized Purchase - Collections ☐
- Group/Centralized Purchase - Equipment ☐
- Group/Centralized Purchase - Computer Hardware/Software ☐
- Printing/Graphic Services ☐
- Reference Services ☐
- Research and Development ☐
- Technology Consulting ☐
- Youth/Young Adult Services ☐
- Other _____ ☐

B. Continuing Education/Training: Cooperative Reporting Year Detail

Provide information for workshops and training modules sponsored or co-sponsored during FY 1997/1998

Workshop/Module Subject	Number Offered during 1997/98	Estimated Total Attendance
Advanced Internet Training		
Basic Internet Training		
Community Information Development		
Computer Maintenance and Repair		
Computer Networking		
Creating Web Pages		
Searching AccessMichigan		
Other Training & Workshops		
Totals		

PART VI: COOPERATIVE TECHNOLOGIES

1. ☐ Yes ☐ No Does the Cooperative operate an automated library system?

If yes:

A. Check or provide the name of the system used. (Check only one box)

☐ CLSI ☐ Follett ☐ LibNet
☐ Data Trek ☐ Galaxy ☐ Precision One
☐ DRA ☐ GEAC ☐ Winnebago
☐ Dynix ☐ Innovative Interfaces Inc. (III) ☐ Other (specify) _____

B. Number of member libraries participating in this system. ☐

C. Check which modules are installed, operational, and in use: (Check all that apply)

☐ Acquisitions ☐ Cataloging ☐ Circulation ☐ Community Information
☐ ILL ☐ OPAC ☐ Serials
☐ OPAC - Z39.50 Compliant
☐ OPAC - Closed Stack Access

2. Number of computers that the Cooperative provides for staff or member use.

☐ PC equipped with 386 or older processor
☐ PC equipped with 486 processor
☐ PC equipped with Premium processor
☐ Macintosh with 040 or older processor
☐ Power Macintosh

3. ☐ Yes ☐ No Does the Cooperative operate a Local Area Network (LAN)?

If yes:

A. Type of LAN operating system software used. (Check all that apply)

☐ Appletalk ☐ LANtastic ☐ Novell
☐ Windows 95 Peer to Peer ☐ Windows for Workgroups ☐ Windows NT
☐ Unix ☐ Other (specify) _____ ☐ Winnebago

Cooperative Name: _____

B. Type of client operating system software used? (Check all that apply)

☐ Digital Pathworks	☐ LANSmart	☐ Windows 98
☐ DOS	☐ Macintosh Operating System	☐ Windows for Workgroups
☐ Invisible LAN	☐ Windows 3.1	☐ Windows NT
☐ LAN Manager	☐ Windows 95	☐ Other (specify) _____

4. ☐ Yes ☐ No Does your Cooperative have a written technology plan?
   If yes: Month/Year
   A. Date of last revision ☐☐
   B. ☐ Yes ☐ No Does this plan include your member libraries?

5. Check the boxes below to indicate technology services offered by the Cooperative.

Staff Only	Member Libraries	
☐	☐	ADA compliant workstation (for physically or visually disabled)
☐	☐	CD-ROM Network
☐	☐	Community/Cooperative Internet Network
☐	☐	Email account or access
☐	☐	File Transfer Protocol (FTP)
☐	☐	Group licensing of databases
☐	☐	Group licensing of software
☐	☐	Laptops/projectors for training
☐	☐	Locally created database (other than catalog)
☐	☐	Online Database Searching (Dialog, BRS, etc.)
☐	☐	Remote access to Cooperative catalog
☐	☐	Remote access to Cooperative catalog via Internet
☐	☐	Telephone TDD access
☐	☐	Telnet access
☐	☐	Union Catalog on CD-ROM
☐	☐	Union Catalog online via dial-in
☐	☐	Union Catalog online via Internet
☐	☐	World Wide Web access

6. If the Cooperative has access to the Internet, check the boxes for connection type and speed: (Check all that apply)

   A. Type
   ☐ Dedicated connection direct from vendor (e.g., Merit, Ameritech)
   ☐ Dedicated connection through wide area network (WAN)
   ☐ Dial access

   B. Speed
   ☐ Cable Service ☐ T1 ☐ 128K (ISDN) ☐ 64K (ISDN)
   ☐ 56K ☐ 33.6K ☐ 28.8K ☐ 19.2K or slower

PART VII: COOPERATIVE FIDELITY BONDING

FIDELITY BOND COVERAGE (Attach a photocopy of the current policy/declaration form)

- Insurance Company Name _____
- Policy Period _____ TO _____
- Insurance Coverage Amount $ _____

Cooperative Name: _____

SECTION B: REPORTING YEAR INFORMATION

Complete Parts I-III with information for the Reporting Year October 1, 1997 through September 30, 1998

PART I: COOPERATIVE INCOME

Uniform Chart of Accounts No.	Source of Income	Amount (Round figures to nearest dollar)
539	1. **DIRECT State Aid**	
580	2. **INDIRECT State Aid** [16(4) membership fees]	
539	3. State funds for **Subregional Libraries**	
	A. TOTAL STATE INCOME (sum 1 thru 3)	**A.**
501	**B. FEDERAL INCOME**	**B.**
	4. Associate Membership Dues	
	5. Other income (specify)	
	6. Other income (specify)	
	C. TOTAL OTHER INCOME (sum 4 thru 6)	**C.**
	TOTAL INCOME (sum A thru C)	

PART II: COOPERATIVE EXPENDITURES

Uniform Chart of Accounts No.	Expenditure Category	Total Expenditures
702	1. Salaries and Wages	
702	2. Fringe Benefits	
A. TOTAL STAFF EXPENDITURES (sum 1 thru 3)		**A.**
850	3. Books/Print Materials	
850	4. AV/Non-Print Materials	
850	5. Subscriptions (for non-electronic)	
850	6. Materials/Subscriptions (electronic)	
B. TOTAL COLLECTION EXPENDITURES (sum 3 thru 6)		**B.**
727	7. Office Supplies	
775	8. Repair and Maintenance Supplies	
801	9. Professional Contractual Services	
860	10. Transportation	
900	11. Printing and Publishing	
910	12. Insurance & Bonds	
920	13. Public Utilities	
930	14. Repairs and Maintenance	
940	15. Rentals	
956	16. Miscellaneous	
977	17. Equipment	
C. TOTAL OTHER EXPENDITURES (sum 7 thru 17)		**C.**
TOTAL EXPENDITURES (sum A thru C)		

PART III: COOPERATIVE AUDIT

Name of the audit firm performing the 1997/98 12-month audit:

_____

CERTIFICATION OF INFORMATION

I certify that the information on this form truly reflects Cooperative activities and that all financial information can be verified by audit.

_____ _____

Cooperative Director (Signature) Cooperative Board Chair (Signature)

_____ _____

Date Signed Date Signed

Cooperative Name: _____